

## TRAVEL EXPENSE CLAIM

STD 262-A 6-93

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CLAIMANT'S NAME <b>STEPHEN M. HARDY</b>			SOCIAL SECURITY NUMBER* <b>ON-FILE</b>			DEPARTMENT <b>Alcoholic Beverage Control</b>		
POSITION <b>DIRECTOR</b>		CB/ID NUMBER	DIVISION OR BUREAU <b>HEADQUARTERS</b>				INDEX NUMBER <b>5000</b>	
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS (DISTRICT OFFICE) <b>3927 LENNANE DRIVE</b>				TELEPHONE NUMBER	
CITY <b>CA</b>		ZIP CODE	CITY <b>SACRAMENTO</b>		STATE <b>CA</b>		ZIP CODE <b>95834</b>	

(1)MONTH/YEAR APR. 09		(3)  LOCATION  WHERE EXPENSES WERE INCURRED	(4)  LODGING	(5) MEALS			(6)  INCIDENTALS	(7) TRANSPORTATION					(8)  BUSINESS EXPENSE	(9)  TOTAL EXPENSES FOR DAY
(2)				BREAK- FAST	LUNCH	O.T., LT, N/C, RELO. OR DINNER		(A)  COST OF TRANS.	(B)  TYPE USED	(C)  CARFARE, TOLLS, PARKING	(D)  PRIVATE CAR USE			
DATE	TIME	MILES	AMOUNT											
04/07	1500	VACAVILLE TO SAN FRANCISCO	161.95			18.00	6.00			10.00		0.00		195.95
04/08		SAN FRANCISCO TO SACTO	161.95	6.00		18.00	6.00			10.00		0.00		201.95
04/09	1500	SAN FRANCISCO TO SACTO		6.00								0.00		6.00
04/14	0503 1724	SACTO TO LOS ANGELES & RTN.		6.00						15.00		0.00		21.00
04/15	1549 1728	SACTO								8.75		0.00		8.75
04/16	1024 1242	SACTO								7.50		0.00		7.50
04/18	1837 2227	SACTO								14.00		0.00		14.00
04/23		SACTO								5.25		0.00		5.25
MAY												0.00		0.00
05/12	0509 1545	SACTO TO CERRITOS AND RTN.		6.00						15.00		0.00		21.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(10) SUBTOTALS			323.90	24.00	0.00	36.00	12.00	0.00		85.50	0	0.00	0.00	481.40
CLAIM TOTAL													\$481.40	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

4/7-9/09-Attended OTS Summit; 4/14/09-Radio Interview; 4/15/09-Director's Mtg. @BTH; 4/16/09-CALTRANS Memorial Service at the Capitol; 04/18/09-Attended MADD Awards; 04/23/09-Meeting with Undersecretary BTH; 05/12/09-Southern Division Staff Meeting.

(12) NORMAL WORK HOURS <b>0800-1700</b>	INDEX	OBJ	AO	PCA	AMOUNT	INDEX	OBJ	AO	PCA	AMOUNT	SUB TOTALS
											0.00
(13) PRIVATE VEHICLE LICENSE No.											0.00
											0.00
(14) MILEAGE RATE CLAIMED											0.00
<b>0.550</b>											0.00
AGENCY ACCOUNTING OFFICE USE ONLY											0.00
											0.00
PAID BY REV. FUND CHECK No.											0.00
	TOTALS					TOTALS					0.00
											0.00

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse)		DATE	